

ILLINOIS DEALER RECOVERY TRUST FUND  
BOARD CONSUMER CLAIM FORM

**INSTRUCTIONS FOR FILLING OUT THE CLAIM FORM:**

In order for your claim to be reviewed, **you must provide all the information requested IN WRITING** to the Illinois Dealer Recovery Trust Fund Board (Board). If any of the requested information is unavailable, please state that the information is unavailable to you and explain why.

**Please type or print your claim form in blue or black ink.** If additional space is needed to answer any question, please attach separate sheets of paper to this claim form showing on the separate sheet the number of the question you are answering.

Please include **COPIES, NOT ORIGINALS**, of the documents requested, and any other documents that support your claim. **PLEASE use ONE SIDE 8 1/2 x 11 inch PAPER ONLY.**

Within 30 days of receipt of your Claim Form, Board will notify you in writing whether your Claim Form is complete or whether additional information is required to process your Claim Form. A copy of your Claim Form will be provided to the Dealer/Lessor-Retailer who is the subject of your claim.

The Claim Form begins on the next page. You do not need to include this instruction page when you send in your completed Claim Form. Return your completed Claim Form along with copies of the documents that support your claim to:

Illinois Attorney General's Office  
Consumer Fraud Bureau  
500 S. Second Street  
Springfield, IL 62706  
217-782-1090  
Fax 217-782-1097  
1-800-243-0618 (Toll free in IL)  
TTY: 1-877-844-5461  
[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

# CLAIM FORM

## ILLINOIS DEALER RECOVERY TRUST FUND

Please Print Legibly In The Boxes Below.

**DO NOT** Use Pencil or Red Ink.

### PART I

FIRST NAME

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LAST NAME or NAME OF BUSINESS

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ADDRESS

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ADDRESS (CONT'D.)

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CITY

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STATE

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ZIP CODE

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DAYTIME TELEPHONE NUMBER

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EVENING TELEPHONE NUMBER

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EMAIL

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MAKE

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MODEL

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LICENSE PLATE NUMBER

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VEHICLE IDENTIFICATION NUMBER (VIN)

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### PART II

SELLING DEALER'S NAME

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ADDRESS

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CITY

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STATE

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ZIP CODE

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TELEPHONE NUMBER

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TO YOUR KNOWLEDGE, IS THE DEALER STILL IN BUSINESS?

☐

Yes

☐

No

EXPLAIN:


ATTACHMENT? \_\_\_\_

# CLAIM FORM

## ILLINOIS DEALER RECOVERY TRUST FUND

### PART III

#### DEALER

#### YOU MUST PROVIDE

FAILED TO PAY OFF THE REMAINING LIEN  
AMOUNT ON YOUR TRADE IN VEHICLE

- A copy of your contract (bill of sale) with the dealer.
- A recent billing statement from the trade in lender identifying your lender, your trade in vehicle, and your account number.

SOLD YOU A VEHICLE SUBJECT  
TO A PRIOR LIEN

- A copy of your contract (bill of sale) with the dealer.
- A recent copy of your billing statement identifying your lender, if applicable.
- Prior lender information, if known.

AMOUNT CLAIMED

\$

DATE OF INCIDENT

M M D D Y Y Y Y

DESCRIBE THE EVENTS ON WHICH YOU BASE THIS CLAIM

ATTACHMENT? \_\_\_\_\_

HAVE YOU TAKEN ANY ACTION TO RECOVER ALL OR PART OF THE CLAIM, SUCH AS INITIATING A  
LAWSUIT AGAINST THE DEALER? ☐ Yes ☐ No

AMOUNT CLAIMED

\$

IF YOU ANSWERED "YES" TO TAKING ANY ACTION, PLEASE EXPLAIN THE RESULT AND CURRENT STATUS:

ATTACHMENT? \_\_\_\_\_

HAVE ANY PAYMENTS BEEN MADE TOWARD THE BALANCE OWED ON YOUR TRADE-IN SINCE THE  
CONTRACT WAS SIGNED? ☐ Yes ☐ No

IF YOU ANSWERED "YES", PLEASE LIST THE PAYOR, AMOUNTS AND DATES. PROVIDE SUPPORTING DOCUMENTATION.

PAYOR

AMOUNT PAID

\$

DATE PAID

M M D D Y Y Y Y

PAYOR

AMOUNT PAID

\$

DATE PAID

M M D D Y Y Y Y

# CLAIM FORM

## ILLINOIS DEALER RECOVERY TRUST FUND

### PART IV

#### REQUIRED DOCUMENTATION

Please include the requested documents related to the type of claim you are filing. Be advised that the Board may require reasonable additional information to process eligible claims.

IF YOU ARE CLAIMING THAT A DEALER/LESSOR-RETAILER SOLD YOU A VEHICLE SUBJECT TO A PRIOR LIEN, PLEASE PROVIDE:

- A copy of your contract (bill of sale) with the dealer
- A recent copy of your billing statement identifying your lender, if applicable
- Prior lender information, if known

IF YOU ARE CLAIMING THAT A DEALER/LESSOR-RETAILER FAILED TO PAY THE BALANCE OWING ON YOUR TRADE-IN VEHICLE, PLEASE PROVIDE:

- A recent billing statement from the trade-in lender identifying your lender, your trade-in vehicle, your account number and the amount due
- A copy of your contract (bill of sale) with the Dealer/Lessor-Retailer

### PART V

#### AUTHORIZATION FOR BOARD TO OBTAIN INFORMATION

The Board may contact the Dealer/Lessor-Retailer, the Department of Motor Vehicles, a financial institution or others to get information about your claim.

By signing this Claim Form, you authorize the Board to request and obtain information to determine whether your claim is eligible for payment. You authorize the Dealer/Lessor-Retailer that is the subject of this claim, the Department of Motor Vehicles, lessors, financial institutions, and other persons to cooperate with the Board and to release to the Board any record(s) or other information that the Board in its discretion may request to determine whether your claim is eligible for payment.

I declare under penalty of perjury under the laws of the State of Illinois that the information provided in this claim and accompanying documents is true and correct.

DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M	D	D	Y	Y	Y	Y

SIGNATURE \_\_\_\_\_